

Frictions, electricity, and blisters were successively resorted to without success, and Dr. P. then determined to have recourse to the seton. Accordingly on the 5th of Feb., nearly nine months after the accident, he introduced, without a previous incision down to the seat of the preternatural joint, a long seton needle armed with French tape, through the thigh, and between the ends of the fragments. It soon produced some trouble. Large abscesses formed in the thigh and around the knee joint, which either discharged through the orifice, or required separate openings.

The tape was allowed to remain in five weeks, when the local inflammation and suppuration, and the constitutional irritation became so alarming, that it was deemed prudent by Dr. P.'s colleague, Dr. Prather, who kindly attended the case during Dr. P.'s absence from the city, to withdraw it, and substitute a smaller seton, which consisted of a single thread of saddler's silk. This was left in for eleven weeks longer, when Dr. P. withdrew it altogether. During the whole time, the limb was bandaged, splinted, and maintained in a state of as perfect rest and quietude as the dressing of the seton and abscesses would allow. All necessary attention was of course paid to the general health, which became greatly impaired, and remedies, with wine and a generous diet directed, calculated to allay constitutional irritation, and support the system under the profuse and wasting suppuration. After withdrawing the seton, the patient remained in bed eight weeks, during which time the most perfect rest was observed. He at length got up, and all discharges from the openings in the thigh soon after ceased. The limb was now found to be stiff, and there was an abundant callus thrown out around the point where motion had previously existed. There was also considerable stiffness of the knee-joint. From this time on, his limb became stronger and stronger, until he was enabled to lay aside his crutches and walk pretty well. He was in this respect improving daily, and consolidation seemed still to be going on, when on the 13th of November last, he was accidentally thrown from his cart, while driving along the uneven pavement on Main street; the wheel passing directly over the "same old fractured thigh, and broke it over again." The patient was a fifth time laid upon his bed, and the limb was splinted and kept at rest for five weeks. He now again mounted his crutches, and in twelve weeks more was able to walk without a cane. From that until the present time, this limb has been getting stronger and stronger; the knee, by use and frictions, has nearly regained its mobility, and the patient can bear his whole weight on the affected limb, such being now the size of the ossific deposit around the point of the two successive fractures, that it would seem less likely than any other part to yield to a fracturing cause. To his great delight the patient now walks very well, and limps but slightly, which is owing less to his femur than his knee, which, doubtless, in time, will regain its wonted functions.

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*Gun-shot Wound,—secondary hemorrhage,—ligature of both carotids at an interval of four and a half days.* By JOHN ELLIS, M. D., of Grand Rapids, Michigan. (*New York Journ. of Med.*, Sept., 1845.)—A man, 21 years of age, was accidentally shot with a rifle, the ball from which "struck him near the centre, and immediately above the spine of the scapula of the left side, passing out, after making a flesh wound of about two inches and a half, towards his neck, and after about the same space it entered his neck over the centre and posterior edge of the sterno-cleido-mastoid muscle, passing up through the centre of his tongue, and out of it to the right of the median line, struck the lateral incisor, cuspidatus, and bicuspidatus of the right side, knocked them out, and the alveolar process, external to them; passed then through the upper lip, leaving a ragged opening through it." Dr. E., who saw him a few hours after the accident, brought the edges of the wound in his lip together with adhesive plaster and two or three sutures and dressed the other wounds with cold applications. The patient suffered but little pain but an entire inability to swallow, even liquids, which appeared to be owing to the injury and swelling of his tongue. At the end of three days, Dr. E. introduced a flexible catheter into the patient's œsophagus, and injected some water and nourishment; the next day the patient was able to swallow, with difficulty, some liquid, and soon afterwards regained his power of swallowing.

On the night of the seventh day, hemorrhage from the wound in the tongue

occurred, which was subdued by compression of the carotid of the left side and the orifices of the wound. The following night the hemorrhage recurred, and was with difficulty restrained by pressure, which caused the patient considerable pain. Considerable blood was lost. Dr. E., with the assistance of Dr. Platt, ligatured the left carotid artery below the omo-hyoideus muscle; "an operation attended with a good deal of difficulty, owing to the swollen state of the parts, the necessity of keeping up pressure, the bad position of the parts owing to the necessity of keeping the mouth in a certain position to prevent his being strangled by the blood, and the necessity of operating by candle light." No unpleasant symptoms followed the tightening of the ligature save a slight coldness on that side of his face and an occasional throbbing pain beneath the sternum, and in the direction of the ligatured vessel. The patient appeared to be doing well until the eleventh day from the accident, when he had a return of hemorrhage, which was readily subdued by pressing upon the right carotid and the two orifices of the wound. There was a slight pulsation in the left temporal artery, the first felt since the application of the ligature. There was a return of the hemorrhage during the night and several times the next forenoon. He could not endure pressure upon the right carotid for any length of time, and it was necessary to depend upon pressure upon the two orifices of the wound, which caused a good deal of pain, especially in the direction of the ninth pair of nerves. He was becoming very restless under the pressure, and was very anxious to have something done to relieve him. With the assistance of Drs. Platt and Shepherd, Dr. E. applied a ligature to the right carotid, four and one half days from the time the left was ligatured. The operation was attended with no difficulty; the internal jugular vein overlapped the artery to some extent; the descendens noni and par vagum were found in their place. Two ligatures were passed beneath the artery, and then tied, one of them over a cork applied to the vessel. For convenience, he was kept in the sitting posture during the operation; when the ligature was tightened no disagreeable effects followed; no fainting; no bad feeling about the head; and all the perceptible change was a slight paleness, and a cessation of pulsation in both temporal arteries, and of the hemorrhage. In the course of the next hour, his pulse increased in frequency from 95 to 140, but soon came down to 110. No difficulty of breathing. The first ligature was cut over the cork and removed, the other tied, and the wound dressed with sutures and adhesive plaster. For the first twenty-four hours the patient remained comfortable, but at the end of that time a hacking cough and difficulty of breathing came on, with pain in the chest and heaviness; pulse 120, rather full, for his reduced state. Blood was detracted by opening a vein in the arm, and by cupping and belladonna and tincture of aconite; under which treatment, the difficulty of breathing subsided; pulse came down in a few days to 80; neither of the wounds healed by first intention, but soon commenced discharging a healthy-looking pus. The ligature from the left carotid came away on the 17th day, and that from the right on the 14th from its application. The wound on the left side continued to discharge for several weeks, when the portion of the artery between the ligature and wound sloughed, and came away in three pieces at different times. The young man now enjoys comfortable health, and is attending to business. No perceptible pulsation can be felt in either temporal artery.

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*Oxalic Acid in the Rhubarb or Pie Plant.*—A family of four persons, in this city, recently, after eating very freely of the leaves of the domestic rhubarb or pie plant, boiled and served as "greens," were all of them, shortly after, seized with severe vomiting. In one of the persons, it was followed by gastritis. The others recovered directly after the vomiting. We have occasionally seen notices in the newspapers of this plant producing noxious effects.—*Buffalo Medical Journal*, No. 1.

In the second number of the same Journal, there is an analysis of the rhubarb plant, by Lieutenant Long, U. S. army, M. D. From this, it appears, that the small bundles in market, weighing about 1lb, contains 24½ grs., or rather more than two scruples of oxalic acid. "The minimum fatal dose of the crystallized acid on record in standard works is half a drachm, but it would, doubtless, be unsafe to take a much smaller dose than this of the acid in a free state. Yet as the diluted acid is regarded and used as a safe refrigerant in fevers, and as a portion of it exists in the pie-plant in combination with lime and is therefore inert, it would seem